St.Thomas CEP School

A Voluntary Aided Church of England Primary School

Molyneux Road, Chequerbent, Westhoughton, Bolton, Lancashire BL5 3HP
Tel: (01942) 634666 **Fax:** (01942) 634667 **Email:** office@st-thomas.bolton.sch.uk

The Governors of St.Thomas CE Primary School will consider applications on the basis of their admissions policy which places emphasis on sibling links, parents' church attendance and proximity to school. A copy of the policy is available from school on request.

APPLICATION FOR ADMISSION TO THE NURSERY

We _____

the parents/legal guardians of

_____

express a preference for this child to be admitted to St. Thomas CE Primary School Nursery,

in the School Year _____

Child's Surname	
Child's First Name(s)	
	Boy / Girl (please delete accordingly)
Child's Date of Birth	
Child's Address including postcode	
Contact Telephone Number	

Please answer the following questions:

1 Does your child have an older brother/sister attending the school? **YES/NO**

If YES, please give the older child's name_____

Please note that the following information will only be used if our Nursery is over subscribed.

2 On approximately how many Sundays in the last year did you attend a Christian Church? ☐

On approximately how many Sundays in the last year did your child attend a Christian Church? ☐

and what was the name of that Church? _____

(Attendance will not be taken into consideration unless accompanied by a letter from the Vicar/Sunday School Superintendent/Worship Leader).

The Governors reserve the right to contact your Vicar/Sunday School Superintendent/Worship Leader.

3 If you belong to another faith other than Christian, please provide details of regular attendance at non-Christian acts of worship.

_____

_____

4 Is there any medical condition in your family which makes it more desirable for this child to attend St. Thomas Church of England Nursery than any other? **Yes/No**

If **Yes**, please state the reason and attach a letter of support from your doctor.

If there is anything that you as the parents/legal guardians wish to add in support of this application, please do so in the space provided at the bottom of this page.

#SIGNED: Father: _____ Date: _____

Mother: _____ Date: _____

(# Please note that this form must be signed by someone who has parental responsibility as defined by the Children Act 1989).

PLEASE NOTE: This form must reach School by the 14th of January of the year in which the child is to be admitted if a place is awarded.

This form should be returned to: St. Thomas C E Primary School
Molyneux Road
Westhoughton
Bolton
BL5 3HP

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For office use only:

Form received by: _____ Date: _____